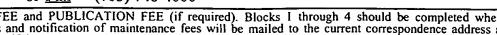
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Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

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02/18/2004

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(Depositor's name) (Signature) (Date)

APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/288,569	04/09/1999	HIROYUKI OHTAKI	DAIN:499	7620		

TITLE OF INVENTION: VOLUME HOLOGRAM LAMINATE AND LABEL FOR PREPARATION OF VOLUME HOLOGRAM LAMINATE

APPLN. TYPE	SMALL ENTITY	ISSUE FI	FEE PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	1	
nonprovisional	ИО	\$1330		\$300	\$1630	05/18/2004	
EXAMINER ANGEBRANNDT, MARTIN J		ART UNIT		CLASS-SUBCLASS 430-001000]		
					,		
 Change of correspondence address or indication of "Fee Address" (37 CFR I.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 2 3 3		RST & WENDEL, I	L.	
PLEASE NOTE: Unless	RESIDENCE DATA TO B an assignee is identified bel d to the USPTO or is being s	ow, no assignee da	ata will appe	T (print or type) ar on the patent. Inclusion of a Completion of this form is NO	ssignee data is only appropriat T a substitute for filing an assig	te when an assignment has	
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